## FOSTER HOME RECERTIFICATION FORM

Name of Caregiver:				
Address:	No. & Street	Cit	y, State	Zip
Telephone:		We	ork Phone	
Date of Home Visit:	:	Wheelchair Accessible:		
Number of Foster A	Adults Certified for:	Residents DD eligible:		oms Certified
Renovated Home?[	Yes No	Permit/Plans Verified:	☐ Yes ☐ No Date:	
ME	BIRTH DATE	OCCUPATION	WORK PLACE	WORK SCHEDULE

SECTION	Υ	N	Р	NA	COMMENTS	PLAN/DATE OF CORRECTION
§11-148-16 (a) <b>RESIDENT'S RECORD:</b> Each resident has an individual record chart.						
b (I) Record indicates resident's name, birthdate, date placed.						
b(2) Record contains a health record.						
c(I) Record contains copies of medical exams and evaluations.						
c(I) Record contains reports of annual tuberculosis.						
C(2) Record contains plan of care ( SP)						
§11-148-16 c (2) Record contains observation records that have been logged on a monthly basis.						
c(4) Record contains medication administration that have been logged as ordered.						
§11-148-16 c(S) Record contains physician's signed orders for medication, diet, and treatment.						
c(7) Record contains recordings of resident's weight, on a monthly basis.						
§11-148-28 (d) Record contains an accurate accounting of resident's money and a current inventory of possessions.						
§11-148-16 (8) Record contains notations of visits made to or by the resident.						
§11-148-16(9) Records contain incident reports, due to injury/illness.						
§11-148-16 Records were readily available for department personnel.						
§11-148-15 CARE OF FOSTER HOME:						
The number of foster adults cared for does not exceed two, unless allowed under foster care regulations.						

SECTION	Υ	N	Р	NA	COMMENTS	PLAN/DATE OF CORRECTION
§11-148-20 The resident is cared for as a family member.						
§11-148-21 The resident has an annual physical exam.						
§11-148-21 Foster parent has carried out regular medical visits.						
§11-148-22 (a) Foster parent has obtained emergency protocol.						
§11-148-23 Foster parent has provided adequate diet for resident.						
§11-148-24 (a) Resident's clothing has been kept clean.						
§11-148-24 (a) Resident's clothing is of appropriate size.						
§11-148-24 (b) Resident is provided with appropriate combs, toothbrush, and other toiletry articles.						
§11-148-25 (b) Resident is provided regular recreation.						
(a) Resident is provided with ample time to rest.						
§11-148-20 (a) Resident is included in family meals.						
§11-148-25 (c) Resident has had visits with parents or guardians.						
§11-148-29 No complaints or violations of resident's rights.						
§11-148-26 (a) Training and discipline of the resident is carried out with kindness and understanding.						
§11-148-34 (b) FOSTER FAMILY AND HOME ENVIRONMENT: Criminal history results obtained for primary caregiver.						

SECTION	Υ	N	P	NA	COMMENTS	PLAN/DATE OF CORRECTION
§11-148-34 (a) All other household members have completed manual checks.						
§11-148-34 (b) APS/CWS results obtained for caregivers.						
§11-148-37 (a) <b>HEALTH OF FOSTER FAMILY:</b> All members of the household and substitute caregivers has been free of communicable disease (ex: STD, HIV, etc).						
b (2) TB clearances for all household members and substitute caregivers have been completed.						
§11-148-39 <b>NO</b> The employment of the foster parent does not interfere with foster care responsibilities.						
§11-148-45 (1) <b>HOUSING AND SANIT ATION:</b> Each resident has at least 50 square feet of living space.						
§11-148-38 (b) No rooming or boarding house, adult residential care home, or other residential care business shall be conducted on the premises.						
§11-148-45 (13) The premises is kept in a sanitary and safe condition.						
§11-148-45 (13) The home is equipped with functional smoke detectors.						
§11-148-45 (13) The home is equipped with charged fire extinguishers.						
§11-148-45 (13) The home is equipped with a locked medicine cabinet.						
§11-148-45 (13) The home has documented monthly fire drills and has a fire escape plan.						
§11-148-45 (13) The home has documented evacuation plan and emergency preparedness kits in place.						

SECTION	Y	N	Р	NA	COMMENTS	PLAN/DATE OF CORRECTION
§11-148-45 (13) The home has documented 1:1 coverage for each AFH resident unable to self- preserve.						
§11-148-46 (a) <b>EQUIPMENT AND FURNISHING:</b> The resident is provided with an adequate closet or dresser.						
(b) The resident is provided with an adequate bed.						
§11-148-47 (a) The resident's room has suitable light and ventilation.						
§11-148-47 (b) <u>SLEEPING ARRANGEMENTS:</u> Foster parent's family is not displaced because of the presence of the resident.						
(d) The resident does not share a room with a child of the opposite sex.						
(c) The resident does not sleep in the same room with an adult of the opposite sex.						
(e) The resident does not sleep in a detached building.						
(f) The resident's beds are spaced 3 feet apart.						
RECOMMENDED TRAINING: Foster parent and substitute caregivers have current CPR.						
Foster parent and substitute caregivers have current First Aid.						
Other training received within the year.						
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Signature of Recruiter: Date:						
Due Date of Return:						
Caregiver Signature:						